

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/025,170
Filing Date	December 18, 2001
First Named Inventor	Antonio Iavarone
Title	Methods for Diagnosing and Treating...
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	96700/709

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration No.	Name	Registration No.
Morton Amster	16,677	Abraham Kasdan	32,997
Craig J. Arnold	34,287	Anthony F. Lo Cicero	29,403
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel Ebenstein	24,932	Neil M. Zipkin	27,476
Kenneth P. George	30,259		
Philip H. Gottfried	25,871		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

☒ Firm or Individual Name **Amster, Rothstein, & Ebenstein**

Address **Craig J. Arnold, Esq.**

Address **90 Park Avenue**

City **New York** State **NY** Zip **10016**

Country **U.S.A.**

Telephone **212-697-5995** Fax **212-286-0854**

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name **Anna Lasorella**

Signature *Anna Lasorella*

Date **2/14/02**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	10/025,170
Filing Date	December 18, 2001
First Named Inventor	Antonio Iavarone
Title	Methods for Diagnosing and Treating...
Group Art Unit	TBA
Examiner Name	TBA
Attorney Docket Number	96700/709

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration No.	Name	Registration No.
Morton Amster	16,677	Abraham Kasdan	32,997
Craig J. Arnold	34,287	Anthony F. Lo Cicero	29,403
Michael J. Berger	25,829	Ira E. Silfin	33,785
Daniel Ebenstein	24,932	Neil M. Zipkin	27,476
Kenneth P. George	30,259		
Philip H. Gottfried	25,871		

Place Customer  
Number Bar Code  
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
Label here

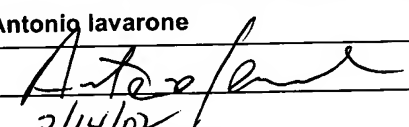
<input checked="" type="checkbox"/> Firm or Individual Name	Amster, Rothstein, & Ebenstein		
Address	Craig J. Arnold, Esq.		
Address	90 Park Avenue		
City	New York	State	NY
Country	U.S.A.		
Telephone	212-697-5995	Fax	212-286-0854

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	Antonio Iavarone
Signature	
Date	2/14/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.